

Supplemental Jurisdiction
PURSUANT TO 28 U.S.C. § 136

DAVID D. HARRIS

Name and Prisoner/Booking Number

P54352

Place of Confinement

CHCF - STOCKTON, PO BOX 213040

Mailing Address

STOCKTON, CA 95213

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

1 ST

AMENDED

Complaint

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

FILED

JUN 29 2022

DAVID D. HARRIS

(Full Name of Plaintiff)

Plaintiff,

v.

(1) (CNA) M. THOMAS

(Full Name of Defendant)

(2)

(3)

(4)

Defendant(s).

☐ Check if there are additional Defendants and attach page I-A listing them.CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY
DEPUTY CLERK

CASE NO. 2:22-CV-0512-DMC-P

(To be supplied by the Clerk)

TRIAL BY JURY DEMAND
Sued in individual capacityCIVIL RIGHTS COMPLAINT
BY A PRISONER☐ Original Complaint☒ First Amended Complaint☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).☐ Other: _____2. Institution/city where violation occurred: CHCF - STOCKTON

B. DEFENDANTS

1. Name of first Defendant: M. THOMAS. The first Defendant is employed as:
(CNA) CERTIFIED NURSING ASSISTANT at CHCF - STOCKTON
(Position and Title) (Institution)
2. Name of second Defendant: _____. The second Defendant is employed as:

(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:

(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:

(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 3. Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: DAVID D. HARRIS v. N. KENNEDY
2. Court and case number: UNKNOWN
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) SETTLED

b. Second prior lawsuit:

1. Parties: DAVID D. HARRIS v. N. MALAKKALA
2. Court and case number: UNKNOWN
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settled

c. Third prior lawsuit:

1. Parties: DAVID D. HARRIS v. Faye Benkle
2. Court and case number: UNKNOWN
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settled

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: Eighth Amendment
Violation

2. Claim I. Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON 8-24-22 AT 2:07 AM I WAS SUFFERING FROM A PSYCHOTIC episode
WHICH I POSED A DANGER TO MYSELF, ALSO I WAS HAVING AUDITORY HALUCIN-
ATIONS WILLING ME TO KILL MYSELF, I WAS AT THE TIME ON SUICIDE WATCH FOR
A PREVIOUS ATTEMPT ON MY LIFE, SO I WAS ONLY SUPPOSED TO HAVE IN
CELL A SAFETY SMOCK/GOWN, SAFETY BLANKETS (TEAR PROOF) AND A MATTRESS
ANYTHING ELSE NOT ORDERED BY A PHYSICIAN IS TO BE CONSIDERED CONTRABAND
SO I WAS TO HAVE NO SHARPS, NO POINTS OR PLASTIC'S, SO WHILE IM
CUTTING AND STICKING AN 2.5 CM METAL STAPLE THREW MY LEFT ARM
THE DEFENDANT MRS. M. THOMAS VISIBLY SAT RIGHT THERE AND WATCHED
ME CUT MYSELF REPEATEDLY AND FAILED TO ALERT STAFF OR ACTIVATE HER
SECURITY ALARM, THEN (REPLIED, THAT ITS, "NOT LIKE I CAN STOP YOU") BUT ISN'T
THAT THE WHOLE REASON THAT SHE'S SITTING THERE?, THIS IS WHY SHE'S
GIVING A EMERGENCY ALARM FOR SITUATIONS SUCH AS THIS. SEE 844.6
WHEN STAFF DELAYS, INTERFERES OR DENIES THEIR DUTIES THEN THEY CAN
BE HELD LIABLE FOR THEIR NEGLIGENCE, SEE ALSO CDCR'S TITLE IS 3365. SUICIDE
PREVENTION AND RESPONSE.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Physical Pain,

5. Administrative Remedies:

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM III

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

[Handwritten: A diagonal line from top-left to bottom-right with 'N' on the left and 'A' on the right]

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

CLAIM II

1. State the constitutional or other federal civil right that was violated: Eight Amend Cont'd

2. Claim II. Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The objective component, The Defendant knew of my mental health history because she has all of the pertinent information on her computer also my physicians orders were on my cell door for staff to be aware of the imminent danger that I posed to myself. She failed to stop an suicide attempt in progress which is her (sole duty) its the only reason's she's sitting right in-front of my cell door to begin with. She had the opportunity to properly perform her job duties and failed to do so.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Cuts, And lacerations

5. Administrative Remedies.

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

E. REQUEST FOR RELIEF

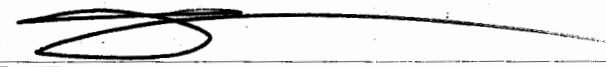
State the relief you are seeking:

1. TRIAL BY JURY Demand, 2. MONETARY Compensation; 3. Declaratory
Compensations AND damages. 4. Request OF AN ALTERNATIVE DISPUTE
Resolution per F.R.C.P. Sec 652(9)
4. IN THE AMOUNT OF \$5,000,000.00 Monetary, Nominal, Declaratory
Declaratory.
AND the COURT deems Punishable The Cruel and
UNUSUAL Punishment.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8-27-22
DATE


SIGNATURE OF PLAINTIFF


(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

Pro Se
(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

CASE NO. 2:22-cv-00512-DMC

DAVID D. HARRIS

PLAINTIFF

VS.

M. THOMAS

DEFENDANT.

FIRST AMENDED COMPLAINT

42 U.S.C § 1983, DEMAND FOR
TRIAL BY JURY AND. . . .

ALTERNATIVE DISPUTE

RESOLUTION REQUEST

PURSUANT TO FED. R. CIV. P

TITLE 28 U.S. CODE SEC. 651.

(a) (b) and § 652.(a)

I, DAVID D. Harris Plaintiff in Pro Se Comes Before This
Court in expectation OF SETTLEMENT Per. And via an Alternative
dispute Resolution Bearing The Burden OF PROOF Per. Fed. R.
OF. Evidence 301.4 Burdens OF Production: measures and effect
; Prima Facie showing also § 301.5 and 301.6 as clear and
convincing evidence See EXHIBIT #1. CALL For consult-TEXT.
Plaintiff maintains That on 8-24-21 at 02:07 PDT
Due To Auditory hallucinations, the Plaintiff ON Suicide
Watch and defendant Certified Nursing Assistant M. THOMAS
Thereby watched The Plaintiff Re-open a wound by rep-
eatedly slashing at it with an 2.5 cm staple.

1 over and over and Then drove the staple Threw my
 2 arm into the Wound at approximately 2:07 am, Without
 3 The defendant activating her security alarm OR calling
 4 For any help, the Plaintiff had Notify staff on his-
 5 own once I realized what I was doing to myself.
 6 AS A result, NO Assistance WAS forthcoming until 02:27
 7 am Nursing staff WAS less-than 12 Ft. away From The
 8 Plaintiff's cell, Which means Nursing Left the Plaintiff
 9 in Pain For 20 minutes Before Responding and my 1:1
 10 Suicide Watch Sitter sat-there The whole-time without
 11 Telling her supervisors That I WAS bleeding or in
 12 Pain, so by the Time the Nursing-staff responded
 13 my wound stop-bleeding and the Pain had mostly
 14 sub-sided but The defendant sat right-there while
 15 a 2.5 cm staple WAS driven-threw my Forearm and she
 16 Visably seen it There, and (said, "Well I can't stop
 17 you.") AS A direct result the defendant WAS deliberately
 18 indifferent Because she violated Policy by NOT, activat-
 19 -ing her alarm and violated Both Key Components
 20 OF the Subjective and Objective Factors OF delibe-
 21 rent indifference under Wilson v. Seiter 501 U.S. 294,
 22 303, 111 S.Ct. 2321 (1991), Farmer v. Brennan, 511 U.S. 825,
 23 834, 114 S.Ct. 1970 (1994) and The defendant acted malic-
 24 -iously and sadistically. Hudson v. McMillian 503 U.S. 1, 7,
 25 112 S.Ct. 995 (1992); Whitley v. Albers 475 U.S. 312, 320
 26 106 S.Ct. 1078. (1986); Morgan v. District of Columbia 824
 27 F.2d 1049, 1062-63 (D.C. Cir 1987); Johnson v. Lewis 217
 28 F.3d 726, 734 (9th Cir 2000) see also ~~Brown v. ^{Mc}Millian~~

1 Haley V. Gross, 86 F.3d 630, 642 (7th cir 1996); Farmer
 2 V. Brennan, 511 U.S. at 842-43; id. at 837; see Hope
 3 V. Pelzer, 536 U.S. 730, 738, 122 S. Ct. 2508 (2002); Vinning-
 4 ~~g~~ EL V. Long, 482 F.3d 923, 924-25 (7th cir 2007)
 5 Estate of Carter V. City of Detroit, 408 F.3d 305, 312-13
 6 (6th cir 2005); La Marca V. Turner 995 F.2d, 1526, 1526
 7 N.21 (11th cir 1993). Defendant Had to Have Known due
 8 to close spatial Proximity of The immediate threat
 9 That I posed to myself, seeing as That I WAS
 10 ON Suicide Watch For SLASHING my Wrist Prior That Week.
 11 ~~chavez~~ (see) Sanchez V. Taggart, 144 F.3d 1154, 1156 (8th cir
 12 1998); Ginest V. Board of County Comm'rs of Carbon Coun-
 13 -ty 333 F.Supp. 2d 1190, 1198 (D.Wyo. 2004); ~~de~~ Velez V.
 14 Johnson, 395 F.3d 732, 736 (7th cir 2005) Brown V. Budz, 398
 15 F.3d 904, 914-15 (7th cir 2005); Pierson V. Hartley, 391 F.3d
 16 898, 903 (7th cir 2004; see also Clem V. Lomeli, 566 F.3d
 17 1177, 1181-82 (9th cir 2009) Ericson V. Holloway, 77 F.3d
 18 1078, 1080-81 (8th cir 1996); Defendant could' ~~not~~ ~~stop~~
 19 stopped impending harm by immediately notifying
 20 staff of my actions, see, Feeney V. Correctional med-
 21 ical Services INC. 464 F.3d. 158, 162 (1st cir 2006)
 22 Helling V. McKinney, 509 U.S. 25, 33, 113 S.Ct 2475 (1993).
 23

24 "Courts Have often Held That deliberate indifference can be shown
 25 by, repeated examples of negligent acts which disclose a patt-
 26 -ern of conduct... 'or a showing of gross deficiencies in
 27 staffing, facilities, equipment or procedures," French V. Owens 777
 28 F.2d 1250, 1254 (7th cir 1985)

1 Having set legal precedence The California Health Care Facility
 2 Stockton is grossly deficient by any standards, I've been
 3 The victim of multiple malpractice and negligence suits at
 4 This Facility and This is the reason for the medical staff
 5 and mental health staff treating so harshly, I've been
 6 attacked by inmates and staff alike because I don't
 7 allow myself to be mistreated by not utilizing the
 8 avenues available at my disposal, so I'm called names
 9 like "Rat", "snitch" or worse. Just see the temporary
 10 restraining order in David D. Harris vs. Nurse Eyle
 11 Benkle, which resulted in a settlement or David D.
 12 Harris vs. N-MAIAKLA case citing unknown
 13 but it has made me a target for exercising my
 14 legal and admin. remedies. So in closing, I'd just
 15 prefer this matter be over quickly I've received death
 16 threats, loss of property, frivolous R.V.R.^s, unjust
 17 loss of privileges so on and so forth with no for-
 18 seeable end in sight. When this incident happened
 19 they purposely said, "I reported that I wasn't in
 20 pain," then if I was in pain initially why did
 21 I call for help instead of cleaning myself in
 22 my sink?, if I wasn't in pain, why was I
 23 asking for the medical staff to do what's called
 24 a 7219 or an unusual occurrence report to officia-
 25 lly document my injuries, I even had to threat-
 26 -en staff to get any help at all, if it wasn't
 27 based on my injuries and my pain, the medical
 28 staff made me wait so long, by the time they

1 did get there my pain was bearable Numb at The
 2 injury sight so when They pulled the 2.5cm staple
 3 out OF my arm I didn't even Feel it, That's Just
 4 me Being honest about it after 20 minutes
 5 OF waiting; For instance a Hiker in ARIZONA got
 6 his leg caught between A rock and had TO
 7 use his Pocket-knife To cut his-own leg OFF
 8 after days OF Pain, he said, "No" I didn't
 9 really Feel it that much, Because he had already
 10 been through the Pain already." But im in A med-
 11 ical/mental Health Facility People cut themselves
 12 and hang themselves so for these Trained profess-
 13 -ionals TO WAIT 20 mins and NOT Know, that its
 14 Not life-threatening means that there WAS some
 15 type OF malice behind it, to WARRANT their UNJUSTIF-
 16 ied actions.

17
 18 IN closing, Just based on The Fact that I was al-
 19 -ready on Suicide watch For cutting My Wrist ear-
 20 lier in the week qum, call For help in a mental
 21 health ward should be acted on in haste. see code's
 22 3365. Suicide Prevention and Response.

23
 24 I, hereby swear under The Penalty OF Perjury that
 25 The Foregoing accompanied Be Exhibits is True and
 26 Correct as I Know them To be.

27  6.28.22
 28

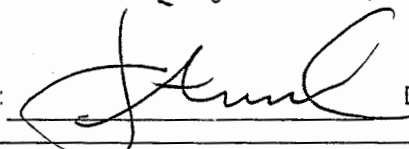
ADDITIONAL ARGUMENTS
AND MEMORANDUMS OF AUTHORITY'S.

THE PLAINTIFF MAINTAINS THAT AT THE TIME OF THE INCIDENT I WAS HAVING A AUDITORY HALLUCINATIONS CAUSING ME NOT TO BE ABLE AT THAT TIME TO EXPRESS MY TENDENCIES TO DUE. (See) COLEMAN V. WILSON 912 F. SUPP 1282, 1298 AND N. 10, 1305-06 (E. D. CAL 1995)

GIBSON V. COUNTY OF WASHOE, NEV. 290 F.3d 1175 1189 (9TH CIR 2002)

UNDER THE TORT CLAIMS ACT, "A CLAIM NEED NOT CONTAIN THE DETAIL AND SPECIFICITY REQUIRED OF A PLEADING BUT NEED ONLY FAIRLY DESCRIBE WHAT THE ENTITY IS ALLEGED TO HAVE DONE CAL GOV'T §§ 900 et Seq 945.4.

MOREOVER THE STATUTE IMPOSING LIABILITY ON A PUBLIC ENTITY OR ITS EMPLOYEES FOR FAILING TO TAKE RESPONSIBLE ACTION TO SUMMON MEDICAL CARE ON BEHALF OF PRISON INMATES IS LIMITED TO SITUATION IN WHICH IS SUFFERING FROM SERIOUS AND OBVIOUS MEDICAL CONDITION THAT REQUIRES IMMEDIATE ATTENTION GOV'T CODE 845.6.

Renewal of Involuntary Medication Petition			
Inmate Name (Last): <u>HARRIS</u>		(First): <u>DAVID</u>	
CDCR #: <u>P54352</u>		PID #: _____	
Date: <u>March 12, 2021</u>		Institution: <u>CHCF-Stockton</u>	
Bed/Cell/Dorm: <u>CHCF A 302B1-137001L</u>			
Age: <u>42</u>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Language: _____
NOTICE OF INTENT TO SEEK RENEWAL OF INVOLUNTARY MEDICATION			
<p>The clinical staff of the institution shown above allege that you continue to have a serious mental illness or disorder. As set forth in the attached declaration, your behaviors and symptoms meet the legal criteria for danger to self, danger to others, or grave disability. These symptoms are currently being moderated by court-ordered psychiatric medication. A judge has previously ordered you to take psychiatric medication for these condition(s). The clinical staff of this institution alleges that, without said medication, you would revert to your previously qualifying condition(s) and, as specified in the attachments, you have by either your statements or behaviors shown a lack of sufficient insight to manage your illness without a PC 2602 order. You will therefore be brought in front of an Administrative Law Judge, who will decide whether you should continue to be given psychiatric medication on an involuntary basis.</p>			
PENAL CODE 2602 ORDERED MEDICATION STATUS			
Your current order for involuntary psychiatric medication expires on: <u>March 19, 2021</u>			
RENEWAL HEARING			
Hearing Date and Time: <u>March 18, 2021 @ 0900</u>		Hearing Institution: <u>CHCF - Stockton</u>	
Attorney Name: <u>Stephen Atkins</u>		Attorney Address: <u>290 E. L Street, Ste. 363</u>	
Attorney Phone: <u>(707) 648-3240</u>		<u>Benicia, Ca 94510</u>	
Renewing Psychiatrist:			
Name and Title (Print): <u>V. MALHOTRA, MD</u>			
RENEWAL BASIS			
<p>1. The basis for involuntary medication in the prior order is marked below.</p> <p>2. Based on clinical judgment and observation, except for medication resulting from the current order, it is alleged that the above-entitled patient would be: (mark all that apply)</p> <p><input checked="" type="checkbox"/> Danger to self <input checked="" type="checkbox"/> Danger to others <input type="checkbox"/> Grave disability and lacks capacity to refuse treatment</p>			
SERVICE			
<p>I declare under penalty of perjury that I delivered a copy of this notice, a copy of the form "CDCR MH-7366 Inmate Rights Notice - Involuntary Medication", and any related paperwork such as exhibits or attachments, to the attorney listed in the "Renewal Hearing" section above, and to the patient on the date shown below.</p>			
Person Delivering Petition:			
Name and Title (Print): <u>J. Arandia, MCA</u>		Signature:  Date: <u>3/12/2021</u>	

RECEIVED
HCCAB
JUL 07 2021

1. Disability Code: <input checked="" type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> LD <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodations: <input type="checkbox"/> Additional Time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not Reached* <input type="checkbox"/> Reached <small>*See chrono/notes</small>	
4. Comments: <u>TABE 06.6; NCF</u>			CDCR #: <u>P54352</u> Last Name: <u>HARRIS</u> MI: _____ First Name: <u>DAVID</u> DOB: <u>03/21/1978</u>

Unauthorized collection, creation, use, disclosure, modification, or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

DISTRIBUTION: Original: Health Records Copies: Patient, MCA, patient's attorney, OLA, OAH
 eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Other; 7363 Notice of Certification for Involuntary Medication
 EHRs LOCATION: Mental Health Documentation > Legal

10.

Declaration in Support of Renewal of Involuntary Medication			
Patient Name (Last): <u>Harris</u>		(First): <u>David</u>	CDCR #: <u>P54352</u> PID #: _____
Date: <u>03/12/2021</u>		Institution: <u>CHCF- STOCKTON</u>	Bed/Cell/Dorm: <u>137</u>
Age: <u>42</u>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Language: <u>English</u>
1. I am a licensed psychiatrist employed by the State of California to treat patients sentenced to imprisonment or housed in a California state prison, including facilities operated by the Department of State Hospitals to treat California Department of Corrections and Rehabilitation patients.			
2. The current working diagnosis, which is a serious mental illness requiring psychiatric medication, for this patient is: <u>MDD with psychotic features</u>			
3. The patient named above is currently on a PC 2602 order that expires on <u>Mar 19, 2021</u> . In my opinion, this court order must be renewed.			
4. The basis for the above diagnosis is as follows: <input checked="" type="checkbox"/> Danger to self <input checked="" type="checkbox"/> Danger to others <input type="checkbox"/> Gravely disabled and lacking capacity to accept or refuse medications			
5. (If applicable) The following new acts or behaviors occurred in the last 12 months, which suggest an <u>additional basis should be added</u> to the existing court order: <div style="text-align: right; font-style: italic; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> RECEIVED HCCAB JUL 07 2021 </div>			
6. In my professional opinion, without involuntary psychiatric medications the patient listed would revert to the behaviors or acts that were the basis for the initial petition in this matter, based on the patient's serious mental illness requiring consistent psychiatric medication. The behaviors or acts that required involuntary medication and led to this court order are summarized as follows: AI SVSP on 05/31/2013 Emergency Involuntary Medication started. Mr. Harris has a mental illness and a long history of affective lability, depression symptoms, and self injurious behavior. Ha had attributed self injurious behavior by cutting on himself and banging his head. Ha had poor medication compliance, rarely attended groups.. He had suicide attempts on 03/18/2013 when he scratched his wrist against the wall in his cell and on 04/24/2013 making superficial cuts on left wrist. On 05/04/2013 a report made he attempted to hang himself. Mr. Harris was admitted on 5/21/13 when he stated, 'Man I'm not safe. I feel like banging my head" He was placed on 1:1 observation after reporting headaches from head banging. Mr. Harris refused psychotropic medications, was a Danger to Self and for these reasons was placed on Emergency Involuntary Medications. A court order was granted for one year on basis of Danger to Self from 08/20/13-8/20/14. The order was continuously renewed for DTS and in 2019 when Mr. Harris threatened multiple staff members multiple times(8/1/18,3/15/19) DTO was added. Mr. Harris received 3 RVRs. On 1/24/20 Pt reported banging his head against the wall, blood notified on the wall, opened his old Injury, does not trust himself on 1:1, has active plan to kill himself (by banging) secondary to voices(MHMD Note, 1/24/20). It was renewed for DTS and DTO on 3/12/20. In the past year, pt. continues to have suicide ideations, on 2/20/21, he reported feeling depressed, having suicidal thoughts. Pt. is very unpredictable at this time(MHMD Note, 2/20/21). Pt has had poor attendance throughout his stay in PIP. On one occasion having to be rehoused for disrupting group. On a separate unit the RT reported Pt was unwilling to work with him because he felt "disrespected" by the RT(RT DC summary, 2/17/21). Per SRASHE, his Chronic risk is high due to previous, though unverified suicide attempts. Patient has a long sentence and family supports are dwindling (son incarcerated and uncle mentally ill). Patient's self-esteem appears to be rather low and may internalize a lot of things despite coming across as a jokester. Acute risk is moderate as patient does engage in superficial self-harm at times. He did not engage in any potentially lethal self-harm in the past couple of years. He does head bang and superficially cut, which is precipitated by situational stressors or demonstrated to avert transfers(SRASHE, 2/12/21). In the past year pt. received 4 RVRs: Indecent exposure (5/5/20), battery on on non-prisoner(7/20/20), failure to respond to notices(10/2/20), battery on peace officer(1/6/21). It would be in the patients best medical interest to continue the order for another year.			
1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable		2. Accommodations: <input type="checkbox"/> Additional Time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	
3. Effective Communication: <input checked="" type="checkbox"/> Patient asked questions <input checked="" type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not Reached* <input checked="" type="checkbox"/> Reached <small>*See chrono/notes</small>		CDCR #: <u>P54352</u> Last Name: <u>Harris</u> MI: _____ First Name: <u>David</u> DOB: <u>03-21-1978</u>	
4. Comments:			

Unauthorized collection, creation, use, disclosure, modification, or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHRs LOCATION: Mental Health Documentation > Legal

Declaration in Support of Renewal of Involuntary Medication

a. In my professional opinion, without involuntary psychiatric medications the patient listed would continue to exhibit the behaviors set forth in response 5 above and are the basis for a new finding of danger to self, danger to others, or grave disability based upon fresh facts.

7. Pursuant to the existing court order, a licensed psychiatrist treating this patient has prescribed for the patient one or more psychiatric medications for the treatment of the patient's serious mental illness, has considered the risks, benefits, and treatment alternatives to involuntary medication, and has determined that the treatment alternatives to involuntary medication are unlikely to meet the needs of the patient.

8. I have advised the patient of the risks and benefits, and treatment alternatives to the psychiatric medication(s) and the patient refused, did not have the capacity, or was unable to consent to the administration of the medication.

9. The expected benefits of this medication to the patient are:

Decrease in symptoms

10. Potential side effects and risks to the patient from the medication, and any alternatives to treatment with the medication include:

Side effects of antipsychotic and mood stabilizing medications which are the standard of care include.

1. Muscle disorders- such as Parkinsonian tremors and rigidity, acute dystonia, tardive dystonia, tardive dyskinesia.
2. Metabolic disorders- such as weight gain, dyslipidemia, diabetes, hyponatremia.
3. Cardiac disorders such as QTC prolongation and arrhythmias.
4. Liver disorders such as transaminitis and medication induced hepatitis.
5. Pancreatic disorders such as pancreatitis.
6. Blood dyscrasias such as thrombocytopenia or leukopenia.

7. Other risks of antipsychotic and mood stabilizing medication include temperature dysregulation, seizures and in severe cases neuroleptic malignant syndrome- a medical emergency. These risks are mitigated by regular interviews, physical exams, monitoring of vital signs, EKG and serum analysis. Alternatives such as talk therapy are not the standard of care for Schizoaffective disorder, nor validated as primary treatment. As a result, therapy is used as supplementary modality.

There are not alternatives to psychiatric medications. This patient is currently receiving treatment at the CHCF Psychiatric Inpatient Program, and is assigned a multidisciplinary team, including a psychiatrist, psychologist, social worker and rehabilitation therapist.

Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

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DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHRS LOCATION: Mental Health Documentation > Legal

12.

Declaration in Support of Renewal of Involuntary Medication

11. I met with the above listed patient on 03/12/21 at CHCF and administered a standardized PC 2602 renewal questionnaire (below). The patient's responses are set forth as follows:

a. Ask the patient if s/he believes s/he has a serious mental illness. Response:

"Everyone who is in prison should have something"

b. Ask the patient to describe behaviors or acts which led to this involuntary medication order being put in place. Response:

Attempted hanging in 2013 and refusal of meds

c. Ask the patient to describe what s/he believes to be the main or most important signs or symptoms of his or her serious mental illness, when s/he is not on medication, or when the illness is active or not in remission. Response:

Hearing voices

Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

Unauthorized collection, creation, use, disclosure, modification, or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHR LOCATION: Mental Health Documentation > Legal

13

DECLARATION IN SUPPORT OF RENEWAL OF INVOLUNTARY MEDICATION

CDCR MH-7368-2 (03/17)

Form: Page 5 of 5

Instructions: Page 6

Case 2:22-cv-00512-DMC Document 12 Filed 06/29/22 Page 17 of 29

Declaration in Support of Renewal of Involuntary Medication

- h. Ask the patient how does s/he think his or her mental illness should be treated? What kind of treatment does s/he think is important to control the symptoms of his or her illness? Response:

"I believe my problems are situational and meds help but in my situation meds are not going to help" "I need a phone call" "nobody is listening and then I have to act out to get things done and then they listen"

12. Based on the facts and diagnosis indicated above, my review of documents both in the treatment team profile of this patient and in the chart, and the patient's responses to the interview questions, it is my opinion that without psychiatric medication the patient would revert to the behaviors that were the basis for the initial petition in this matter.

13. In my opinion, the patient lacks the necessary insight to manage his or her own medication regimen. My opinion is based on my review of the clinical charting, medication administration records, the patient's statements over the course of the last 12 months, as well as patient interview and information on the historical course of the patient's serious mental illness, as documented on the provided Institutional Treatment Team Profile or Renewal PC 2602 Patient, which is incorporated herein by reference.

14. Based on the behaviors and symptoms indicated above, it is my opinion that as the result of a serious mental illness, the patient remains a (mark all that have been documented):

☒ Danger to self☒ Danger to others☐ Gravely disabled and lacking capacity to accept or refuse medications

15. In my opinion, there is no less restrictive alternative than renewal of the current court order. I request renewal of the order.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 03/12/21, in the City of Stockton, California, in the County of San Joaquin

Print Name and Title: Vikram Malhotra M.D.

Signature: 

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Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

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DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHRs LOCATION: Mental Health Documentation > Legal

14

Declaration in Support of Renewal of Involuntary Medication

d. Ask the patient if s/he would take all clinically indicated psychiatric medications without a court order. Response:

"I may I may not"

e. Ask the patient to summarize his or her current medications and what effect they have. Response:

"Current medications help with voices and suicidal thoughts"

f. Ask the patient what s/he believes or thinks would happen if s/he stopped psychiatric medication? Does s/he believe his or her behavior or thoughts would change if s/he stopped psychiatric medication? Response:

"not necessarily, my problems are all situational"

g. Ask the patient to identify what, if any, conditions set off or cause his or her psychiatric symptoms, behaviors, or thoughts. Response:

"When staff does not respond to my requests and I end up acting out"

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JUL 07 2021

Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

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eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHRS LOCATION: Mental Health Documentation > Legal

15

EXHIBITS

1. ¹/₁ 2

ARE THE ORDERS THAT ARE ALL SUICIDE
WATCH CELL DOORS, SO THE DEFENDANT
HAD THE KNOWLEDGE THAT THE PLAINTIFF
COULD BE ACTIVELY ~~SO~~ SUICIDAL

CHCF - California Health Care Facility - Stockton

Pt. Name: HARRIS, DAVID DEMOND

Fin #: 75522

DOB: 03/21/78

Height as of :

Weight as of :

Age: 44 Years

CDCR #: P54352

Sex: Male

Admit Date: 04/21/21

Ordering Date/Time: 06/23/22 17:28

Admitting Diagnosis:

Ordering Clinician: SYSTEM SYSTEM

Patient Location: CHCF B 303B1/113/113001L

Patient Type: Inpatient MH

Adaptive Support Form (CDCR 128 C-2)

MODIFY REQUISITION

Orderable:

MH OBSERVATION

Requested Start Date/Time

06/23/22 17:28:00 PDT

Observation Type

Watch 1:1

Observation Reason

Safety

Monitor For

Self harm behavior & suicidal statements

Constant Indicator

Yes

Duration

30

Duration Unit

hr

Stop Date/Time

06/24/22 23:59:59 PDT

Comments:

Updated by CDC_CA_UPDT_MHOBS_DETAILS via cdc_ca_updt_mhobs_post rule

EXHIBIT #1.

CHCF – California Health Care Facility – Stockton

Pt. Name: HARRIS, DAVID DEMOND

Fin #: 75522

DOB: 03/21/78

Height as of :

Weight as of :

Age: 44 Years

CDCR #: P54352

Sex: Male

Admit Date: 04/21/21

Ordering Date/Time: 06/23/22 17:30

Admitting Diagnosis:

Ordering Clinician: SYSTEM SYSTEM

Patient Location: CHCF B 303B1/113/113001L

Patient Type: Inpatient MH

Adaptive Support Form (CDCR 128 C-2)

MODIFY REQUISITION

Orderable:

MH PATIENT ISSUE

Requested Start Date/Time	06/23/22 17:30:00 PDT
Stop Date/Time	06/24/22 23:59:59 PDT
Male Clothing Type	Safety
Male Clothing Details	Safety smock
Female Clothing Type	(None)
Bedding	Safety blanket
Bedding	Safety mattress
Constant Indicator	Yes
Special Instructions	Walker allowed
Personal Items	Treatment material
Eating Issue	Regular
Visiting Restriction?	No
Yard Restriction?	No
Phone Call Restriction?	No
DME Restricted	No

Comments:


Updated by CDC_CA_UPDT_MHOBS_DETAILS via cdc_ca_updt_mhobs_post rule

EXHIBIT #2.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

SC 21000338

STAFF USE ONLY		Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #: CHCF-HC-21001834
A. Prasad RN		Signature:  Date: 08/30/21	

Staff Name and Title (Print) _____ Signature _____ Date _____
If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): HARRIS, DAVID	CDCR #: P54352	Unit/Cell #: A2B-137
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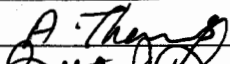
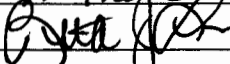
SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

ON 8-24-21 AT 2:07 AM I, DAVID D. HARRIS WAS 1:1 Suicide Watch in Building A2B While CNA THOMAS WAS WATCHING ME she viewed me in a Active suicide attempt drove A 2 inch staple Threw my left arm continuously until it lodge itself into my skin she did not activate her alarm or call any staff member for assistance, TOTALLY VIOLATING CDCRS suicide prevention and Response 3365(c) Failing to report A active suicide attempt in progress AND VIOLATED 844.6 Gov-ernment codes 845. Once the pain became unbearable and I realized what I was doing, I had to notify staff member RN Hagashi AND RN John Doe AKA NURSE "D" CONTINUED WORK @

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature:  Date Submitted: 8-25-21

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ☐

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This grievance has been:			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____			
<input type="checkbox"/> Withdrawn (see section E)			
<input checked="" type="checkbox"/> Accepted	Assigned To: Thomas	Title: SRN II	Date Assigned: _____ Date Due: 11/2/21
Interview Conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview: 9/10/21	Interview Location: A2B
Interviewer Name and Title (print):	A. Thomas SRN II	Signature: 	Date: 10/27/21
Reviewing Authority Name and Title (print):	B. Bickelmann, CEO(A)	Signature: 	Date: 11/1/21
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention			
HCGO Use Only: Date closed and mailed/delivered to grievant: NOV 03 2021			

- | | | |
|---|--|--|
| 1. Disability Code:
<input type="checkbox"/> TABE score ≤ 4.0
<input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD
<input type="checkbox"/> DPS <input type="checkbox"/> DNH
<input type="checkbox"/> DDP
<input type="checkbox"/> Not Applicable | 2. Accommodation:
<input type="checkbox"/> Additional time
<input type="checkbox"/> Equipment <input type="checkbox"/> SLI
<input type="checkbox"/> Louder <input type="checkbox"/> Slower
<input type="checkbox"/> Basic <input type="checkbox"/> Transcribe
<input type="checkbox"/> Other* | 3. Effective Communication:
<input type="checkbox"/> Patient asked questions
<input type="checkbox"/> Patient summed information
Please check one:
<input type="checkbox"/> Not reached* <input type="checkbox"/> Reached
*See chrono/notes |
|---|--|--|

4. Comments:

TABE 6-6


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AUG 30 2021
HCGO

COMPLETED
CHCF
NOV 03 2021
HCGO

COMPLETED
HCCAB
DEC 29 2021

SECTION C: Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Dissatisfied Because When I showed CNA M. Thomas the ~~st~~ staple had she alerted nursing staff immediately I would have never gotten the chance to injure my self. ^{one} and # Two, why didn't she activate her alarm?

Grievant Signature:  Date Submitted: 11-15-21

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only	Is a CDCR 602 HC A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This grievance has been:	
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____	
<input type="checkbox"/> Withdrawn (see section E) <input checked="" type="checkbox"/> Accepted	
<input type="checkbox"/> Amendment Date: _____	
Interview Conducted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Interview: _____ Interview Location: _____
Interviewer Name and Title (print): _____	Signature: _____ Date: _____
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention	
This decision exhausts your administrative remedies.	
HQ Use Only: Date closed and mailed/delivered to grievant: DEC 29 2021	

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature: _____ Date Submitted: _____
Staff Name and Title (Print): _____ Signature: _____ Date: _____

RECEIVED CHCF AUG 30 2021	COMPLETED CHCF NOV 03 2021	STAFF USE ONLY
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Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE ATTACHMENT
 CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
 Page 1 of 2

STAFF USE ONLY

Tracking #: **SC 21000338**
CHCF HC 21001834

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
 Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

HARRIS, David

CDCR Number:

PS4352

Unit/Cell Number:

A2B-137**SECTION A:**

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

AS PREVIOUSLY STATED I HAD TO SCREAM FOR THE RN. TO CALL CUSTODY OFFICER D. CHRISTIAN FOR ASSISTANCE WHICH WAS PROVIDED AT GREAT LENGTH FINALLY RN LAGASHIN AND RN DOE (AKA) NURSE "D" PULLED A METALIC PIECE OF METAL FROM MY LEFT FOREARM AND PLACED IT IN A PLASTIC CONTAINER (ending statement.)

Grievant Signature:



Date Submitted:

8-25-21

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title:

Signature:

Date:

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AUG 30 2021

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 CHCF

NOV 03 2021

HCCGO

STAFF USE ONLY

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 HCCAB

NOV 29 2021



Page 2 of 2

Tracking #: ~~CHCF HC 21001834~~

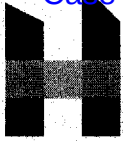
[illegible]

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AUG 30 2021

COMPLETED CHCF
NOV 03 2021

STAFF USE ONLY

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CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

NOV 03 2021

Closing Date:

To: HARRIS, DAVID (P54352)
A 302B1137001LP
California Health Care Facility
P.O. Box 213040
Stockton, CA 95213

Tracking # CHCF SC 21000338

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The reviewing authority completed a review of the allegation of staff misconduct presented in the attached CDCR 602 HC, Health Care Grievance, and categorized your health care grievance as a staff complaint. Your health care grievance was referred for a confidential inquiry to address the allegation of staff misconduct.

GRIEVANT INTERVIEW

On September 18, 2021, you were interviewed by A. Thomas, Supervising Registered Nurse II. You stated you were sitting flat facing her and you showed her the staple and you drove it into your left arm. She just sat there and looked at it and did not call for help.

WITNESS INTERVIEW(S)

☐ No witnesses were interviewed.

☒ The following witnesses were interviewed: E. Dalaten, Registered Nurse.

SUBJECT OF THE STAFF COMPLAINT INTERVIEW

M. Thomas, Certified Nurse Assistant was interviewed.

INSTITUTIONAL LEVEL DISPOSITION

No intervention, as the confidential inquiry is complete and all issues were adequately addressed.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record and all pertinent departmental policies and procedures were

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

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CHCF
NOV 29 2021

reviewed.

With respect to one or more of the issues grieved, it has been concluded that staff:

☒ did not violate California Department of Corrections and Rehabilitation policy.

☐ violated California Department of Corrections and Rehabilitation policy.

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. Any report generated or action taken is confidential and will not be released to inmates under any circumstances.

If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.

A. Thomas

Interviewer

A Thomas

Supervising Registered Nurse II

California Health Care Facility

10/27/2021

Reviewed and Signed Date

B. Brizendine

Reviewing Authority

B. Brizendine, PsyD, MBA, CCHP-MH

Chief Executive Officer (A)

California Health Care Facility

Re 10/3/21

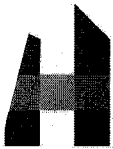
Reviewed and Signed Date

RECEIVED
HCCAB
10/29/21

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

DEC 29 2021

Closing Date:

To: HARRIS, DAVID (P54352)
California Health Care Facility
P.O. Box 213040
Stockton, CA 95213

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: CHCF SC 21000338

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The institutional level reviewing authority categorized your health care grievance as a staff complaint and referred your health care grievance for a confidential inquiry to address the allegation of staff misconduct.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, the supervisor's Confidential Inquiry Report, and all pertinent departmental policies and procedures were reviewed. Records indicate the content of the Confidential Inquiry Report supported the conclusion that staff did not violate California Department of Corrections and Rehabilitation policy.

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. Any report generated or action taken is confidential and will not be released to inmates under any circumstances. You have been

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

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provided all information to which you have a right under California Code of Regulations, Title 15, Section 3999.231.

Per California Code of Regulations, Title 15, Section 3004(a), "Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner." Additionally, per the Health Care Department Operations Manual, Section 2.1.1, Patients' Rights, the individual patient's rights are maintained in concurrence with established medical ethics and to preserve the basic human dignity of the patient. Certain rights may be limited by reasonable application of security regulations.

If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

This decision exhausts your administrative remedies.



S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

December 28, 2021

Reviewed and Signed Date

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**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

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